

ASSISTANT SECRETARY OF COMMERCE AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

APPLICATION NUMBER:

FORM OIPE-RAM-01 (Rev. 5/97)

NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

Total Fee Calculation										
	Fee Code	Total # Claims	. · 	Number Extra	X Fee		Fœ =	<u>Total</u>		
	Sm./Lg.					Sm. Entity	Lg. Entity			
Basic Filing Fee	201/101									
Total Claims >20	203/103		-20 =		x	· 				
Independent Claims >3	202/102		-3 =		x					
Mult. Dep Claim Present	204/104					<u></u>				
Surcharge	205/105					·				
English Translation	139							130		
TOTAL FEE CALCUL	ATION									
Fees due upon filing t	he application:					. · ·				
Total Filing Fees Due	=\$									
÷					-					
Less Filing Fees Subn	nitted -\$									
BALANCE DUE	= \$									
Office of Initial Paten	t Examination		٠.	·						





PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number 8/878177

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBE	ER FILED	NUMBER		EXTRA] [RATE	FEE		RATE	FEE
BASIC FEE									385.00	OR		770.00	
TOTAL CLAIMS minus 20 = *] [x\$11=		OR	x\$22=			
INDE	PENDENT CL	AIMS		min	us 3 =	*]	x40=		OR	x80=	
MULTIPLE DEPENDENT CLAIM PRESENT							∮ ├	+130=			+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L			OR		
TOTAL											OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
ME	Independent	*		Minus	***		=		x40=		OR	x80=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [+130=		OR	+260=	
(Column 1) (Column 2) (Column 3)								AC	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
ENT B		REMA AF	IMS INING FER DMENT		HIC NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	*		Minus	**		= .		x\$11=		OR	x\$22=	
AMEN	Independent	*		Minus	***		=		x40=		OR	x80=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
TOTAL (Column 1) (Column 2) (Column 3) ADDIT. FEE										OR	TOTAL ADDIT. FEE		
ENTC		CLA REMA AFT	IMS		HIC NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDM	Total	*		Minus	**		=	 	x\$11=		OR	x\$22=	
AMENDMENT	Independent	*		Minus	***		=]	x40=		OR	x80=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=									OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													